

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J08162** (6)

1. Corporation Name

PARKER'S TIRE SERVICE & AUTO CARE, INC.



Principal Place of Business

% JOE INGRAO
3000 N.W. PINE AVE.
OCALA FL 34475

Mailing Address

% JOE INGRAO
3000 N.W. PINE AVE.
OCALA FL 34475

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

INGRAO, JOE
3000 N.W. PINE AVE.
OCALA FL 34475

3. Date Incorporated or Qualified	3a. Date of Last Report
04/02/1986	02/28/1995
4. FEI Number	Applied For
59-2654431	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

Signature of the principal officer or director of the corporation

Signature of the principal officer or director of the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAO, JOE	12 NAME	
STREET ADDRESS	3000 N.W. PINE AVE.	13 STREET ADDRESS	
CITY, STATE, ZIP	OCALA FL 34475	14 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	21 TITLE	
NAME	INGRAO, HELEN	22 NAME	
STREET ADDRESS	3000 N.W. PINE AVE.	23 STREET ADDRESS	
CITY, STATE, ZIP	OCALA FL 34475	24 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, STATE, ZIP		34 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, STATE, ZIP		44 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, STATE, ZIP		54 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, STATE, ZIP		64 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Helen Ingraio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

352-732-0786

CR2E034 (12/95)